

# OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE <b>OIS</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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**REFERRING AGENCY:**                      **OFFICE OF INVESTIGATIVE SERVICES (OIS)**

**Alleged violator's current county of residence:** \_\_\_\_\_

**CHECK REFERRAL:**   ☐ FSF (Food Stamp Fraud)   ☐ TF (TANF Fraud)   ☐ EBTF SF (Electronic Benefit Transfer Food Stamp Fraud)

**DFCS Food Stamp Case Number:** \_\_\_\_\_      **DFCS TANF Case Number:** \_\_\_\_\_

**DATE OF REQUEST FOR HEARING:** \_\_\_\_\_

**NOTE TO OSAH CLERK SCHEDULING HEARING: WHEN A PARTY HAS AN ALLEGED FOOD STAMP PROGRAM VIOLATION AND AN ALLEGED TANF PROGRAM VIOLATION, HEARINGS SHOULD ROUTINELY BE CONSOLIDATED EVEN THOUGH FILES ARE SEPARATE AND SEPARATE ORDERS ARE ISSUED. FURTHER, THE CENTRAL STATE OFFICE OF OIS SHOULD BE INCLUDED ON ALL MAILING GRIDS.**

**ALLEGED VIOLATOR**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	OTHER CONTACT NUMBER:	EMAIL:
ATTORNEY NAME:	TEL NO:	FAX NO:
ATTORNEY ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:
HEAD OF HOUSEHOLD {if different from Violator}	TEL NO:	FAX NO:
HEAD OF HOUSEHOLD CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO CLAIMANT:	EMAIL:
ATTORNEY NAME {if different from above}	TEL NO:	FAX NO:
ATTORNEY ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

**OIS INVESTIGATOR (REGIONAL OFFICE)**

NAME OF REGIONAL OFFICE:	OFFICE TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	INVESTIGATOR'S NAME:  EMAIL:  SUPERVISOR'S NAME:  EMAIL:	INVESTIGATOR'S DIRECT TELEPHONE NUMBER:    SUPERVISOR'S DIRECT TELEPHONE NUMBER:

**DFCS OFFICE INITIATING REFERRAL TO OIS**

NAME OF DFCS OFFICE:	OFFICE TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	CASEWORKER'S NAME:  EMAIL:  SUPERVISOR'S NAME:  EMAIL:	CASEWORKER'S DIRECT TELEPHONE NUMBER:    SUPERVISOR'S DIRECT TELEPHONE NUMBER:

**INDICATE DOCUMENTS ATTACHED:**

- ☐ DFCS referral of suspected Intentional Program Violation (IPV) to OIS
- ☐ OIS determination upon investigation
- ☐ Documentation supporting OIS determination of IPV (ATTACH LIST of documents to be tendered as Exhibits)
- ☐ Other: (please specify document) \_\_\_\_\_